



COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES Mail: 135 State House Station, Augusta, Maine 04333 Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics

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2009 STATEMENT OF SOURCES OF INCOME (1 M.R.S.A. §§ 1016-A - 1019)

Covering the calendar year January 1, 2009 through December 31, 2009

Please file this statement with the Clerk of the House or the Secretary of the Senate by 5:00 p.m. on February 19, 2010. Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations.

LEGISLATOR INFORMATION

Name Michael D. Thibe	r henn	Office: ☑ House ☐ Senate
Mailing address 169 Coles Corner	\$PMSCP00000000000000000000000000000000000	District 42
City, zip code Winterport, ME	0.4496	Phone 207-223-5777
PART 1. INCOME	E DERIVED FROM EMPLOYMENT BY ANO	THER
List the name and address of each employer from economic activity of each employer.	m whom you received compensation of \$1,000 or	more. Specify the principal type of
Name of Employer	Address	Principal Type of Economic Activity of Employer
TB Equipment	892 Calin Rd Banger, Mt 04401	Equipment Sales and Restars
TB Equipment Stite of Maine	Hugusta, ME 04333	Legisloture
	OME DERIVED FROM SELF-EMPLOYMEN Legislators who are self-employed.)	
A. List the name and address of your business, it associated with a partnership, firm, professional a entity.	f any, and list the major areas of economic activit association, or similar business entity, list the maj	y from which you derived income. If or areas of economic activity of that
Name and Address of Business Entity	Major Areas of Economic Activity (self)	Major Areas of Economic Activity (partnership, association or similar business entity)
Name: Address:		
Name: Address:		
	1	1.

PART 2 (continued). INCOME DERIVED (For Legislators who are self-		
B. List each source of income derived from self-employment that represents greater, and specify the principal type of economic activity of the entity or production disclosure is prohibited by law, rule, or an established code of professional et entity or person from whom the income was derived.	person from whom you derived such inco	ome. If this form of
Name and Address of Source	Activity of Enti	ype of Economic ty or Person Who is e of the Income
Name: Address:		
Name: Address:		
PART 3. MAJOR AREAS O (For Legislators who are attorney List your major areas of practice. If associated with a law firm, list the major are	s-at-law only.)	
Name and Address of Firm		r Areas of Practice (firm)
Name: Address: N (A		()
Name: Address:		1900-mm/s citish-in (1703) fine citish di citi
PART 4. OTHER SOURCES		
List each source of income of \$1,000 or more not listed in Parts 1, 2, or 3 of thi	s form. Do not include gifts. If none, cher	ck the box.
Name and Address of Source		of Income ts, leases, etc.)
Name: Machias Surings Bank Address: PO Bax 3/8, Machin, ME 15654	IAHIE	S, reases, etc.)
Name: TB Eggipment Address: 892 Calin DK, Bangn NE 04401	See add Whall Share he	pller
PART 5. REPORTABLE L	IABII ITIFS	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that	you received during the reporting period.	, and list the major
areas of economic activity of each creditor. Do not list credit card liability or loa None	ins from a relative. If none, check the box	
Name and Address of Creditor		pe of Economic of Creditor
Name: Address:	Abitativitation to invertiga hadisting hyperbolich despendent of the program of t	
Name: Address:		

	. REPORTABLE GIFTS		
List the specific source of each gift of more than \$300. Including none, check the box.	ude gifts with an aggregate	value of more than \$3	300 from a single source. If
None	 ***Tunnish in his non areas area is a reason in the second of the second	 **Andrethen met Mitmelten stratifien kalebaska mara pulation tanggara pg (kago paga, paga 	TO COLOR OF THE STATE OF THE ST
Name of Source of Gift		Name of Source o	of Gift
1.	3.		
2.	4.	Oktavite televiset etiläitä Alvisia Nahaila kahalava kii talvaluukuseumia kuurungunga	
	EPORTABLE HONORAR		
List the source of any honoraria accepted for appearances or	speeches related to your leg	gislative responsibilities	s. If none, check the box.
Name of Source of Honoraria		Name of Source of H	Onorgan
Realife of Source of Tropics of the International Constitution of the Internation Constitution of the International Constitution of the Intern	nderstad annaksistanoi eri primanyo elikuri alaksira elikuri elikuri annaksisi alaksira esi alaksisi alaksira e 3.	NOTIFE OF GOLFOG S.	Office as pa
	papa wayang yawang paggapang galakan kawang kawan kawan kaman kaman kaman kaman kaman kaman kawan ka	#Bacins PMLEE and NANO time EE ALVERSA word investigated a last school of a Audio Eiro Assenti and Adjust	li the minera vergrees lett shi been say, samaleil (e) 1944 (11 (11 (11 (11 (11 (11 (11 (11 (11 (
2.	4.		Wil
150 150 150 150 150 150 150 150 150 150	TATION BEFORE STATE		
List each executive branch agency before which you represe box.	ented or assisted others for	compensation of any a	amount. If none, check the
None	AMERICAN SERVINO CONTROL CONTR		: SA 60° MA SS 50° J. Primotokilani terrindesidik kusikitakan 20° Semerah kamada yanyan yasan ayakaraya
Name of Agency		Name of Agend	
The state of the s	3.		
2.	4.	тисте подпечать на пределения в	
PART 9. BUSIN	JESS WITH STATE AGEN	NCIES	
List each executive branch agency to which you or a member \$1,000 during the reporting period. If none, check the box.	er of your immediate family	sold goods or service	s with a value in excess of
None	29.0900 Artist 2004 and 2004 Section 2004 and artist 2004 and a state of the section and assessment assets assessment assessment assessment assets assessment assets asset assets assets assets assets assets assets assets assets asset assets assets assets assets assets assets assets assets assets asset assets asset assets assets assets assets assets assets asset assets assets a	en em tit state state state fra proposition for the state	Manufacturatura (Manufacturatura (Manufacturaturaturaturaturaturaturaturaturatura
Name of Agency		Name of Agenc	
1,	3.	Boardon and dest restroy to the second secon	ABLTPHAPAGE ESE GATAGE ENDAGEN ANTIMETERS AN
2.	retornistiereturenteen vallatuurus kontratuurus kontratu	nertina bleka barlakus kirikis bilikba kirur 40 da vadde kirilim bela) llara ar dda kirilim	энкілікія Мишевия «Пейнічні попона яколікі» і геограмичнік польша по «шено яколу водна депусках (фіра

PART 10. INCOME RECEIVE	ED BY MEMBERS OF IM	MEDIATE FAMILY	
List the type of economic activity representing each source of dependent child(ren) during the reporting period and the kind or more of income, their name and job title are listed. Do not i	d of income represented. If y	received by your spo your spouse or domes	use or domestic partner or tic partner received \$1,000
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Income Received	Relationship	Kind of Income
Name - Statu Thithodonii-	1. Politiker	Spouse or	ficial facilities and a consideration of the consid
Name: Staly Talbadeaic- Job Title: Ma	2. Education	Domestic 2. (1) Partner 3.	infes
	M 1°1	Dependent /	
If dependent child(ren) receive more than \$1,000 of income	14 KAUU	Child W	UJEO io formaniamento anno anno anno anno anno anno anno a
for the reporting period, list only the type of economic activity and the kind of income.	Education, Kelin	Dependent Child	ages
	accession and a second accession accession and a second accession acces	Dependent Child	under glassische der einer von der State und der eine der eine der eine der eine der eine der eine der State und

Organization/Business and Address	Title	Position Held By:	Family Member's Name	Compen- sated?
TB Equipment 892 Palia RA Banger, Me 1447	Vice Tresident/ Shweholder	Self		U P855
Thibodeau Ralky & Development 892 Odlin Ll Bangor, ME 04401	Yee Prosited / Shuchodor	Self		NO
Commercial Acceptance Corp 891 Odlin Al Bangor, ME 04401	Hesdent/ Shevehoher	Se/f		ΛÕ

SIGNATURE

A Legislator who willfully fails to file a required statement is subject to a fine of up to \$100. (1 M.R.S.A. § 1017-A)

The intentional filing of a false statement is a Class E crime. If the Commission concludes that it appears that a Legislator has willfully filed a false statement, it shall refer its findings of fact to the Attorney General. (1 M.R.S.A. § 1019)

Signature

Date

ADDITIONAL INFORMATION

Please provide the information	any additional information below you are providing.	(and on additional sheet	s if needed). Indicate	the part or section number for
Part/Section Number				
Fart 11.	Maine Berdin, Inc. SAR Collin DX	President Streets the	SA.	tion the transition of the second contract to
Fart 4.	Thibodeau Realty TE Commercial Accepta	evelpoment Nee-		Shareholder
	Maine Referbill			Mly